

SECRETARY OF STATE  
STATE OF MONTANA



Brad Johnson  
Secretary of State

Montana State Capitol  
PO Box 202801  
Helena, MT 59620-2801

Re:

Enclosed please find a reinstatement packet. You will need to file an application for reinstatement, any back annual reports, and a Title 15 tax clearance certificate, to bring your corporation back in compliance with state statutes. The statement of change form is **only necessary** if you have changed your registered agent and/or registered address. There is no charge for a statement of change. Also, if you had any **Assumed Business Names/dba's** for your corporation, you will need to complete a new registration for them, because they were canceled at the time of your dissolution. Please fill out all forms included and return to the Secretary of State at the above address.

**YOUR COST FOR REINSTATEMENT**

Filing fee for Reinstatement \$ \_\_\_\_\_

Filing fee for Annual Reports (for years marked)

_____ 2002 (\$30.00)	_____ 2005 (\$30.00)
_____ 2003 (\$30.00)	_____ 2006 (\$30.00)
_____ 2004 (\$30.00)	_____ 2007 (\$30.00)

**Total for Annual Reports** \$ \_\_\_\_\_

**Total for Reinstatement** \$ \_\_\_\_\_

A **Title 15 Tax Clearance** certificate must be obtained **from** the Department of Revenue. I have enclosed instructions and request form for obtaining the certificate. You must include **BOTH** the original and copy of the Title 15 Certificate with your reinstatement packet. **If you requested the certificate be sent directly to our office please mark the following box.**

☐ **I have requested the Title 15 Certificate be sent directly to the Secretary of State.**

If you have any further questions, please give us a call.

Reception: (406) 444-2034 - Business Services Bureau: 444-3665 - Elections Bureau: 444-4732  
Administrative Rules Bureau: 444-2055 - Records Management Bureau (1320 Bozeman Avenue): 444-9000  
Fax: 444-3976 <http://sos.mt.gov>

# STATE OF MONTANA

APPLICATION of REINSTATEMENT  
or REVIVER  
DOMESTIC or FOREIGN CORPORATION



**MAIL:** **BRAD JOHNSON**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406)444-3665  
**FAX:** (406)444-3976  
**WEB SITE:** *sos.mt.gov*

**Filing Fee: Varies (see below)**

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

**PLEASE CHECK ONE BOX:**

- ☐ Domestic Reviver (15-31-524, MCA) \$15.00  
☐ Foreign Reviver (15-31-524, MCA) \$15.00  
☐ Domestic Reinstatement (35-6-201, MCA) \$30.00  
☐ Non-Profit Reinstatement (35-6-201) \$10.00

1. The exact name of the corporation is: \_\_\_\_\_
2. The assets of the corporation have not been liquidated pursuant to Sections 35-1-938 through 35-1-943, MCA, if a profit corporation, or Sections 35-2-726 through 35-2-727, MCA, if a nonprofit corporation.
3. Not less than a majority of its directors have authorized this Application of Reinstatement/Reviver.
4. If the corporate name has been legally acquired by another corporation prior to its Application for Reinstatement, the corporation desires to be reinstated with the new name of: \_\_\_\_\_

**Please Note:** It is not necessary to complete this unless your name has been taken by another entity.

5. ***For Domestic or Foreign Reviver, the corporation submits with this application a Certificate of Reinstatement of Suspended Corporation obtained from the Department of Revenue evidencing payment of delinquent taxes.***
6. ***For Domestic Reinstatement, the corporation submits a certificate from the Department of Revenue stating that all taxes imposed pursuant to Title 15 have been paid as well as the delinquent annual corporation reports for which the corporation was dissolved, with their respective filing fees.***

**I, HEREBY SWEAR AND AFFIRM,** under penalty of law, that the facts contained in this Application are true.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Officer or Chair of the Board

\_\_\_\_\_  
Exact Name and Title of Authorized Person

# Application of Reinstatement or Reviver Domestic or Foreign

## HELP SHEET

This form is to be used to revive any corporation having suffered a suspension or forfeiture or to reinstate any dissolved corporation, restoring its right to transact business in Montana.

Application for reviver is to be made by any stockholder or creditor of the corporation or by a majority of the surviving trustees or directors less than one year from the date of suspension or forfeiture. If more than a year elapses before an application for reviver is submitted, the corporation shall pay twice the amount of the tax and penalties due the state for the taxable year for which they were delinquent.

For reinstatement, this form is to be completed by a person who was an officer or director of the corporation at the time of its dissolution not more than five years after the dissolution.

You may request 24 hour priority filing of your document. Simply mark the "24 hour priority filing" box and include an **additional** \$20.00 with your filing fee. You may request 1 hour expedite filing of your document. Simply mark the "1 hour expedite filing" box and include an **additional** \$100.00 with your filing fee.

Please type or clearly print the requested information.

Upon completion, mail this form with ORIGINAL SIGNATURE, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801. **Make checks payable to Secretary of State.**

The Secretary of State will send a letter of acknowledgment to you once your document has been filed with our office.

If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**

MONTANA CORPORATION ANNUAL REPORT

Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.  
(This space for use by the Secretary of State only)

MAIL: BRAD JOHNSON  
Secretary of State  
P.O. Box 202802  
Helena, MT 59620-2802  
PHONE: (406)444-3665  
FAX: (406)444-3976  
WEB SITE: sos.mt.gov



MUST BE RETURNED IN ORDER FOR YOUR CORPORATION  
TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT  
INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104, MCA,  
AS A PROFIT CORPORATION; 35-2-904, MCA, AS A NONPROFIT  
CORPORATION; AND 35-4-209, AS A PROFESSIONAL SERVICE  
CORPORATION.

Filing Fee on or before April 15<sup>th</sup>: \$15.00

After April 15<sup>th</sup>: \$30.00

☐ 1 Hour Expedite Filing Add \$100.00

☐ 24 Hour Priority Filing Add \$20.00

To help you determine what information is on file with this office, please call the above phone number or use  
our business entity search at [app.discoveringmontana.com/bes](http://app.discoveringmontana.com/bes)

Exact Name of Corporation: \_\_\_\_\_

Registered Agent Information.

The name and address of the Registered Agent/Office in Montana:

Name of Registered Agent: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ MT Zip: \_\_\_\_\_

(or Physical Location)

Mailing Address/PO Box\*: \_\_\_\_\_ City: \_\_\_\_\_ MT Zip: \_\_\_\_\_

\*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Signature of New Registered Agent (required if changed): \_\_\_\_\_

1. State of Incorporation: \_\_\_\_\_

2. Address of Principal Office in state of incorporation: \_\_\_\_\_

3. Brief Description of business in which corporation is actually engaged: \_\_\_\_\_

4. Names and addresses (street name and number) of Principal Officers: (Attach list if more than six officers)

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Vice President: \_\_\_\_\_

Other: \_\_\_\_\_

Secretary: \_\_\_\_\_

Other: \_\_\_\_\_

5. **Names and Addresses** (street name and number) of **Directors**: Nonprofit corporations are required to have a minimum of three (3) directors. (Attach list, if necessary).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. **Shares** (profit corporations only). List the current total number of shares authorized and total number of shares issued. Itemize both by class and series, if any. (Attach schedule, if necessary)

<u>Shares Authorized</u>	<u>Shares Issued</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
		COMMON		

**Domestic Profit Corporations Only. If issued shares exceed authorized shares or a change is made in class, par value or the number of authorized shares; an amendment must be filed according to MCA Title 35.**

7. **Professional Service Corporations only.** I certify that all the shareholders, not less than one-half the directors and all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.
8. **Nonprofit Corporations only (Please mark either box).** The corporation shall ☐ have members or ☐ shall not have members. (This information must agree with our records).
9. **By my signature below, I, an official of the above corporation, do state that I signed this report on behalf of the corporation and that the statements herein contained are true, under penalty of false swearing.**

X: _____	_____	_____	_____
Signature of officer or chair of board	Title	Printed name of signing official	Date

**An annual report must be filed for each year of reinstatement.**

**The individual signing must be listed on the annual report or attachment and identified as either an officer or chair of the board of directors in order for this office to accept the signature.**

**All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**

Sign and include correct filing fee:  
\$15.00, if filed on or before April 15th  
\$30.00, if filed after April 15th

Please send fee and completed report to:  
Brad Johnson (406) 444-3665  
Secretary Of State  
P.O. Box 202802  
Helena MT 59620-2802

Make checks payable to **Secretary Of State, Helena MT 59620-2802**